



Ulladulla Gymnastics Club Inc.



P.O. Box 262
ULLADULLA
NSW 2539

Registration Form 2019

Childs Name: _____ Male / Female

Date of Birth: _____ Active Kids Voucher: _____

Address: _____

Medical history:

Please list any relevant medical conditions / allergies that the club should be aware of

Medications taken/carried: _____

Does your child have any Special Needs: YES / NO (if applicable, attach management plan)

Medicare No: _____

Health Fund: _____

Class:

Class	Day (Circle)	Time (Circle)
Kinder gym	Monday / Wednesday	10 am
Recreation	Monday	4pm OR 5pm
Boys	Monday	6pm-8pm
Trampoline	Monday	5pm OR 6pm
Snr / Adv Rec	Tuesday	4pm-6pm
Level 1	Tuesday	4pm-7pm
Level 2	Tuesday	6pm-8pm
Levels 3+	Monday / Tuesday / Friday	6-8pm - 6-8pm - 4-7pm

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PLEASE TURN OVER

Parent / Guardian Information:

Mother: _____
Home No: _____
Work No: _____
Mobile No _____
Address: _____

Father: _____
Home No: _____
Work No: _____
Mobile No: _____
Address: _____

Are there any custody arrangements that the club should be aware of?

Yes / No

Arrangements: _____

Ulladulla Gymnastics may send an email to all parents for any information regarding classes. Please provide an email address(s) that is checked on a regular basis:

Do you give permission for the club to use photos and video footage of your child in club-promotions including in newsletters, advertising, and website?

Yes / No

Ulladulla gymnastics will not be held liable for any accidents that occur prior or after your child's gymnastics lesson.

Registration costs which include insurance for the year are:

Kindergym	\$55
Recreational	\$60
Snr/Adv Rec/L1	\$60
Boys	\$60
Trampolining	\$60
Levels 2+	\$100

Parents Signature: _____

Date: _____

Office Use Only:

Registration Fee: _____

Paid: Yes / No

Date: _____